

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AD FILED		AFFIDAVIT ALZHOUMZHT		AFFIDAVIT ALZHOUMZHT			AD FILED		AFFIDAVIT ALZHOUMZHT		AFFIDAVIT ALZHOUMZHT	
	CID	DEP	CID	DEP	CID	DEP		CID	DEP	CID	DEP	CID	DEP
1							91						
2							92						
3		14					93						
4		12					94						
5		3					95						
6		0					96						
7		0					97						
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50													
TOTAL IND.	20						TOTAL IND.						
TOTAL DEP.	46						TOTAL DEP.						
TOTAL CLAIMS	66						TOTAL CLAIMS						